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State/Territory Name: Ohio

State Plan Amendment (SPA) #: 23-0022

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

November 9, 2023

Maureen M. Corcoran, Director
Ohio Department of Medicaid
P.O. Box 182709
50 West Town Street, Suite 400
Columbus, Ohio 43218

Re: Ohio State Plan Amendment (SPA) Transmittal Number 23-0022

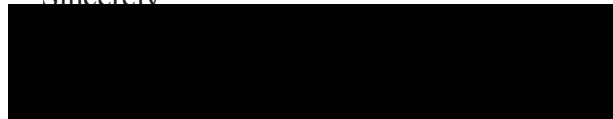
Dear Director Corcoran:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number 23-0022. This amendment revises the Medicaid State Plan to comply with a CMS directive to remove non-emergency medical transportation services from the list of services covered under a Medicaid waiver.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Ohio Medicaid SPA 23-0022 was approved on November 9, 2023, with an effective date of July 1, 2023

If you have any questions, please contact Christine Davidson at (312) 886-3642 or via email at christine.davidson@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosure

cc: Rebecca Jackson, ODM
Gregory Niehoff, ODM
Tamara Edwards, ODM
Brandon Smith, CMCS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 3 — 0 2 2

2. STATE

OH

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

The Consolidated Appropriations Act of 2021 (Pub.L. 116-260); Social Security Act §§ 1902(a), 1903(i), 1937(a); 42 CFR 410.40-41, 431.53, 440.170

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 0
b. FFY 2024 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-D, Page 1 of 2

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 3.1-D, Page 1 of 2 (TN-21-036)

9. SUBJECT OF AMENDMENT

Medicaid Funding for Non-Emergency Medically-related Transportation (NEMT) Furnished Through Other State Entities

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:
The State Medicaid Director is the Governor's designee.

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME MAUREEN M. CORCORAN

13. TITLE STATE MEDICAID DIRECTOR

14. DATE SUBMITTED
August 28, 2023

15. RETURN TO

Greg Niehoff
Ohio Department of Medicaid
P.O. BOX 182709
Columbus, Ohio 43218

FOR CMS USE ONLY

16. DATE RECEIVED
August 28, 2023

17. DATE APPROVED
11/09/2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Op

22. REMARKS

Methods for Assuring Transportation

The Ohio Medicaid program assures Medicaid-eligible individuals of necessary transportation to or from Medicaid-coverable services.

For individuals enrolled in hospice, necessary transportation related to the terminal illness is covered under the hospice benefit.

For residents of a long-term care facility (nursing facility, skilled nursing facility, intermediate care facility for individuals with intellectual disabilities), necessary transportation by means other than ambulance or wheelchair van is covered under the long-term care benefit.

For all Medicaid-eligible individuals, necessary transportation by ambulance or wheelchair van (except transportation related to the terminal illness for a hospice enrollee) is covered under the general Medicaid benefit, administered either by the State through its Department of Medicaid (Department) or by a managed care organization.

For individuals enrolled in a managed care plan administered by a managed care organization, necessary non-emergency transportation by means other than an ambulance or wheelchair van (e.g., taxicab, van, sedan) may be covered under the managed care benefit.

For all Medicaid-eligible individuals for whom necessary transportation is not explicitly covered under some aspect of the Medicaid benefit, necessary non-emergency medically-related transportation (NEMT) assistance may be provided by the county department of job and family services (CDJFS) acting on behalf of the Department or by another administrative entity under the direction of either the Department or another state agency administering a component of the Medicaid program. The types of assistance offered range from actual rides to fuel subsidy and depend on what resources are available locally.

NEMT furnished by an entity under the direction of another state agency administering a component of the Medicaid program is treated as an administrative service under the State Plan.

TN: 23-022

Supersedes

TN: 21-036

Approval Date: 11/09/2023

Effective Date: 07/01/2023